

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Jacob Bar-Tana and Ihor Bekersky

Serial No. : 1/585,017 Examiner: M. Sznaidman

Filed : June 28, 2006 Group Art Unit: 1612

For : METHODS OF ADMINISTERING 3, 3, 14, 14 TETRAMETHYL

Conf. No. : HEXADECANE 1, 16 DIOIC ACID
7859

By EFS Web
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: October 19, 2011

Sir:

Transmitted herewith is an amendment to the above-identified application.

 X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

 A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

 No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	10 -	* 29 =	*** 0 X	\$26	\$52	=	0	
Independent Claims	1 -	** 8 =	*** 0 X	\$110	\$220	=	0	
Multiple Dependent Claim(s) Presented For First Time <u> </u> Yes <u> X </u> No				\$195	\$390	=	0	
				TOTAL ADDITIONAL FEE			\$ 0.00	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

☐ One additional copy of this Amendment Transmittal Letter
☐ Return Receipt Postcard
☒ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☒ No ☐
and a fee of \$ 180.00 included)
☒ A Petition for an Extension of Time, including a fee of
\$ 635.00 for a Petition for 3 Month(s) Extension of Time
☐ Other (identify): _____

THE TOTAL FEE DUE IS \$ 815.00.

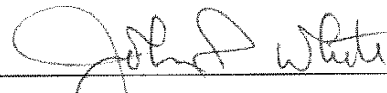
☐ A check in the amount of \$ _____ is enclosed.

☒ Please charge Deposit Account No. 03-3125 in the amount of
\$ 815.00.

☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

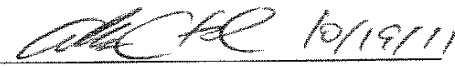
☐ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
☒ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,



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Certificate of Transmission
I hereby certify that this
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on October 19, 2011.


Adam C. Krol
Reg. No. 64,351